

Commentary by Joseph B. DeLEE
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The Potter Method of Version. In 1916 I. W. Potter reported to the Association of Obstetricians and Gynecologists, 500 cases of internal version for all causes, but especially for reasons not sanctioned past and present, viz., shortening of the labor for the purpose of giving relief to the mother, of preserving the vitality of both mother and child, and of economizing the time of accoucheur. Potter, at the time, claimed his maternal and fetal mortality and morbidity were considerably

less than those obtained by the average obstetrician; that in the great majority of primiparæ, he did the operation without tearing the os, vagina, or perineum; and that his patients experienced no shock and recovered more promptly than when subjected to spontaneous delivery under well-trained man-midwives who always are firm believers in faithful "watchful waiting." The discussion which followed obtained little or no support of his views and of his practice.

One year later Potter reported 200 additional cases performed by him during the year (Obstetrics volume 1918, p. 267). The discussion following did not differ much from that of the previous year.

E. G. Zinke³ paid a visit to Potter, and offers the following advice:

"Go to see Dr. Irving Potter, witness his work, and judge for yourself. It is said: 'the proof of the pudding lies in the eating of it.' Women who have had the benefit of Dr. Potter's obstetric services want him again. There may be some exceptions, they only prove the rule. In my opinion Dr. Potter has taught us a lesson. Buffalo, N. Y., will be henceforth a Mecca for the young and ambitious obstetricians. Opposition to Dr. Potter's practice will be universal, severe, and, probably, vicious. We should all heed what will be said against it, but whatever the nature of adverse criticism, let it be just and, above all, devoid of bitterness."

[The Editor followed Dr. Zinke's advice. He went, he saw, but was not convinced. The one version witnessed was very cleverly done. Dr. Potter always waits for complete dilatation of the cervix especially in primiparæ. He does not claim he has no tears of the soft parts. He told me he has had no more than with the usual methods, which is fully believable since 99% of women are torn more or less in natural labor—most of them more. Without question Dr. Potter has good results for mother and child. He is an expert turner and extractor. Only an expert will have good results. He has few or no fractures of the clavicle, of the humerus, of the femur, etc.; few or no Erb's paralyses; few or no cerebral hemorrhages, etc., etc., but if his practice were generalized the total

(3) Amer. Jour. Obstet., December, 1918.

of these, not always preventable accidents will be enormous.

Probably, the operation of version has lost caste among us; probably it has not been done as much as it deserves to be, having been supplanted by Cesarean section, pubiotomy, high forceps, etc., but that version and extraction should be installed as the routine treatment of labor in the second stage is not scientific—one who has visited Potter is too much impressed with his sincerity and ability to call it absurd. No, for the rank and file and for most of the officers—of our profession—the old “watchful expectancy” is still the flag to rally around.—ED.]